



TELFORD COMMUNITY CENTER YMCA MEMBERSHIP FORM

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Name _____
Membership _____

TELL US ABOUT YOURSELF (please print)

First Name: _____ Last Name: _____
Email: _____ Gender: Male Female
Address: _____ City: _____ State: _____ Zip: _____
Birthdate: _____ Phone: _____ Cell: _____
Employer: _____

RACE OF PRIMARY (optional)

- African American/Black Alaskan Native Asian/Pacific Islander Caucasian/White Native American
 Hispanic Other

EMERGENCY CONTACT INFORMATION

Please list a person we can contact in case of an emergency if we are unable to reach the other adults in your household.

Name: _____ Relationship: _____ Phone: _____

HOW DID YOU HEAR ABOUT THE Y? (Please check one)

- Website Social Media Friend/Family Email Banner Drive-by/Live in area Radio

TELL US ABOUT YOUR HOUSEHOLD (please print)

Additional Adult:

Email: _____ Gender: Male Female
First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Birthdate: _____ Phone: _____ Cell: _____
Employer: _____

RACE OF PRIMARY (optional)

- African American/Black Alaskan Native Asian/Pacific Islander Caucasian/White Native American
 Hispanic Other

DEPENDENTS AND/OR ADDITIONAL ADULT (see qualifications in brochure for 2+ adults)

First Name: _____ Last Name: _____
Birthdate: _____ Gender: Male Female Dependent Additional Adult

RACE: (optional)

- African American/Black Asian/Pacific Islander Caucasian/White Native American Hispanic Other

First Name: _____ Last Name: _____
Birthdate: _____ Gender: Male Female Dependent Additional Adult

RACE: (optional)

- African American/Black Asian/Pacific Islander Caucasian/White Native American Hispanic Other

First Name: _____ Last Name: _____
Birthdate: _____ Gender: Male Female Dependent Additional Adult

RACE: (optional)

- African American/Black Asian/Pacific Islander Caucasian/White Native American Hispanic Other

First Name: _____ Last Name: _____
Birthdate: _____ Gender: Male Female Dependent Additional Adult

RACE: (optional)

- African American/Black Asian/Pacific Islander Caucasian/White Native American Hispanic Other

First Name: _____ Last Name: _____
Birthdate: _____ Gender: Male Female Dependent Additional Adult

RACE: (optional)

- African American/Black Asian/Pacific Islander Caucasian/White Native American Hispanic Other

By submitting this application, I/we agree that the YMCA may photograph or videotape me/us, and the YMCA may use those photographs or video footage for its marketing purposes. I/we release the YMCA from any claim or liability related to that use, waive all claims for myself/ourselves, my/our heirs and assignees against the individual YMCA staff persons and the Telford YMCA. I/we agree that the YMCA shall not be responsible for any personal injuries or losses sustained by me/us while on any YMCA premises, or as a result of participating in any YMCA-sponsored event. I/we further agree to indemnify and hold harmless the YMCA from any claims or demands arising out of any such claims or losses.

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

Signature

____/____/____
Date

MEMBERSHIP OPTIONS (Please check membership type):

- Teen (13-18) Young Adult(19-25) Individual (26-64) Household Couple Senior (65 & up) Senior Couple
 Silversneakers AARP Silversneakers Ashlink Silver&Fit Other _____

Household-2 Adults & dependent children through the age of 23 at the same address

MEMBERSHIP PAYMENT OPTIONS

- Annual Semi-Annual Invoice
 Monthly Bank Draft: Direct from my Checking Savings On the: 3rd 17th
 Monthly Credit Card/Debit Card Draft: On the: 3rd 17th

Electronic Funds (EFT)- I hereby give authority to have pre-authorized payments drawn by the Telford YMCA on my bank account or credit card institution for membership/contribution payments on a monthly basis. Membership Dues paid by Electronic Draft are continuous and can be cancelled only by submitting a written notice at least 30 days prior to my draft date. Should my membership draft not be honored by my bank or credit card for any reason, I realize that I am still responsible for that payment, including a \$10 service charged applied by the YMCA. This is in addition to any service fee my bank may charge. This monthly draft amount will be processed on the first of each month and withdrawn from my bank account on the specified date above. (Initial _____)

Name	Card #	Ex. Date	CVV	Type

Draft Amount	Routing Number	Account Number	Checking	Savings

Interested in donating to the YMCA? Ask one of our Staff Members how you can today!!

FOR YMCA USE ONLY

Member Barcode #: _____ YMCA Staff Name: _____
 Membership Type: _____ Monthly Amount: _____ Join Fee: _____
 % of PACE (Membership/Programs): _____
 Discount Group: _____
 Comments: _____